



SHOW APPLIANCES AND LOCATION OF SURFACE NOZZLES

☐ RESTAURANT ☐ MARINE ☐ INDUSTRIAL

[illegible]

I, THE UNDERSIGNED, CERTIFY THAT I PERSONALLY INSPECTED THE ABOVE PREMISES AND FOUND CONDITIONS AS NOTED.

FL 1041 1/97



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Hand-drawn floor plan of a kitchen layout. The layout is divided into two main sections by a horizontal line. The top section contains four rectangular areas, each with a small square and a triangle inside, possibly representing sinks or storage. The bottom section contains various kitchen equipment: a 'Table' on the left, followed by a 'Griddle' (a rectangle with a circle inside), a 'Dump Station' (a rectangle with a triangle inside), a 'Fryer' (a rectangle with a triangle inside), another 'Fryer' (a rectangle with a triangle inside), an 'Oven' (a rectangle with a circle inside), a 'Range' (a rectangle with a circle inside), and two 'SINK' units (rectangles with circles inside). Arrows indicate the flow of traffic or materials between these areas.

1. IS SYSTEM MOUNTING BRACKET IN ACCESSIBLE LOCATION AND SOUNDLY MOUNTED?
2. IS PIPING TIGHT, SECURED AND CHECKED FOR BLOCKAGE?
3. ARE GREASE TIGHTS INSTALLED AT ALL HOOD PENETRATIONS?
4. IF MULTIPLE SYSTEMS, DID ALL SYSTEMS OPERATE SATISFACTORY?
5. IS SYSTEM PROPERLY INSTALLED FOR AREA(S) TO BE PROTECTED?
6. ARE ALL NOZZLES PROPER TYPE AND SIZE?
7. IS MANUAL PULL OPERATIONAL AND IN PROPER LOCATION?
8. ARE FUSIBLE LINKS, H.A.D.S OF PROPER TEMPERATURE RATING?
9. WERE FUSIBLE LINKS REPLACED ON SEMI-ANNUAL INSPECTION?
10. IS AUTOMATIC DETECTION OPERATIONAL?
11. DID FUEL SHUT OFF PROPERLY?
12. DID ELECTRIC SHUTOFFS/ALARMS OPERATE?
13. ARE BURSTING DISC AND CHEMICAL IN GOOD CONDITION?
14. IS CARTRIDGE WITHIN THE REQUIRED WEIGHT?
15. ARE NOZZLES CLEAN AND CAPS/SEALS PROPERLY INSTALLED?
16. IS CYLINDER PRESSURE IN OPERATIONAL RANGE?
17. ARE FILTERS CLEAN?
18. ARE ALL SAFETY PINS REMOVED, CARTRIDGES RE-INSTALLED AND SYSTEM REPLACED IN NORMAL OPERATION CONDITION?
19. HAVE PERSONS WORKING IN SYSTEM AREA BEEN INSTRUCTED AS HOW TO OPERATE SYSTEMS BY MANUAL METHODS?
20. WERE THE INSPECTION AND MAINTENANCE PERFORMED IN ACCORDANCE WITH THE PRESENTLY ADOPTED EDITIONS OF NFPA 17, 17A AND 96?
21. WAS THE SYSTEM TAGGED IN ACCORDANCE WITH RULE 4A-21.240? ("NO" ANSWER MUST BE EXPLAINED IN THE COMMENTS SECTION OF THIS REPORT.)
22. WERE THE INSPECTION AND MAINTENANCE PERFORMED IN ACCORDANCE WITH THE MANUFACTURER'S MANUAL AND THE MANUFACTURER'S SPECIFICATIONS?
23. DOES SYSTEM COMPLY WITH UL300?

COMMENTS Cylinders under hydrostatic test.

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SERVICE TECHNICIAN	DATE	TIME	CUSTOMER SIGNATURE	DATE
Kyle Andrews	3/18/11		Kyle Andrews	3/18/11



PRE-ENGINEERED SYSTEM INSPECTION REPORT

<input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input checked="" type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> NEW INSTALLATION				INSPECTION NO.		INVOICE NO.	
BUSINESS VA Medical Ctr Orlando							
ADDRESS 5201 Raymond St.				CITY Orlando		STATE FL	
						ZIP CODE 32803	
MANAGER/OWNER						PHONE	
SYSTEM LOCATION HAZ MAT Bldg.		AREA Cabinet on Bldg		TYPE SYSTEM KIDDE		AMT. ONE(1)	
MODEL NO. IND		CYLINDER SIZE 21 LB.		METHOD OF ACTUATION mechanical		AMT. 2	
DEGREE OF ACTUATION 450 ML		SYSTEM INSTALLED AS PER PLATE NO.		PAGE			
LAST DATE OF HYDROSTATIC TEST 06		LAST DATE OF RECHARGE		CYLINDER SERIAL NO. 15970		FUEL SHUT OFF	
GAS		SIZE		ELECTRIC		SIZE	

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<p>HAZ MAT Bldg.</p>				

	YES	N/A	NO
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3. ARE GREASE TIGHTS INSTALLED AT ALL HOOD PENETRATIONS?	/		
4. IF MULTIPLE SYSTEMS, DID ALL SYSTEMS OPERATE SATISFACTORY?	/		
5. IS SYSTEM PROPERLY INSTALLED FOR AREA(S) TO BE PROTECTED?	/		
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10. IS AUTOMATIC DETECTION OPERATIONAL?	/		
11. DID FUEL SHUT OFF PROPERLY?	/		
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23. DOES SYSTEM COMPLY WITH UL300?	/		

COMMENTS

I, THE UNDERSIGNED, CERTIFY THAT I PERSONALLY INSPECTED THE ABOVE PREMISES AND FOUND CONDITIONS AS NOTED.

SERVICE TECHNICIAN Ricardo Anderson	DATE 9/13/11	TIME AM	CUSTOMER SIGNATURE A. C. Smith	DATE 9/13/11
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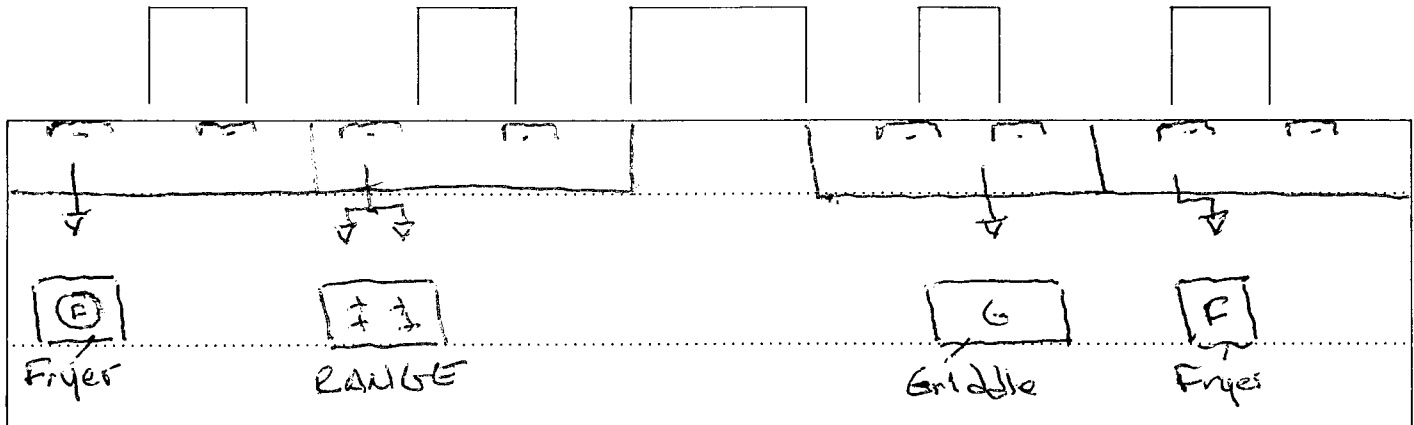


PRE-ENGINEERED SYSTEM INSPECTION REPORT

<input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input checked="" type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> NEW INSTALLATION				INSPECTION NO.		INVOICE NO.	
BUSINESS VA MEDICAL CTR. ORLANDO							
ADDRESS 5201 Raymond Str.				CITY Orlando		STATE FL.	
MANAGER/OWNER				ZIP CODE 32803			
PHONE							
SYSTEM LOCATION Kitchen hood		AREA Kitchen wall		TYPE SYSTEM Range Guard		AMT. 2	
MODEL NO. 46T		CYLINDER SIZE 4+4 gal. LB.		METHOD OF ACTUATION mechanical		AMT. 8	
DEGREE OF ACTUATION 450 ML		SYSTEM INSTALLED AS PER PLATE NO.		PAGE			
LAST DATE OF HYDROSTATIC TEST 11		LAST DATE OF RECHARGE		CYLINDER SERIAL NO. 010525-010532 GAS		FUEL SHUT OFF SIZE ELECTRIC SIZE	

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COMMENTS			

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SERVICE TECHNICIAN Rick Andrews	DATE 9/13/11	TIME AM	CUSTOMER SIGNATURE [Signature]	DATE 9/13/2011
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PRE-ENGINEERED SYSTEM INSPECTION REPORT

<input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input checked="" type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> NEW INSTALLATION		INSPECTION NO.		INVOICE NO. 303109464	
BUSINESS					
VIERA VA. (MEDICAL CENTER)					
ADDRESS		CITY		STATE	
2900 VETERANS WAY		VIERA		FL.	
MANAGER/OWNER				ZIP CODE 32940	
				PHONE (
SYSTEM LOCATION		AREA		TYPE SYSTEM	
WALL MOUNT		Kitchen		ANSUL	
CYLINDER SIZE		METHOD OF ACTUATION		AMT.	
39L		11Lb/ANIO		1	
AMT.		DEGREE OF ACTUATION		SYSTEM INSTALLED AS PER PLATE NO.	
1		3-410 (11)		NAPP 96/1A X	
LAST DATE OF HYDROSTATIC TEST		LAST DATE OF RECHARGE		CYLINDER SERIAL NO.	
NEW 2008		N/A		456987	
FUEL SHUT OFF		GAS		SIZE	
				ELECTRIC	
				SIZE	

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Hand-drawn schematic of a 2N3055 transistor circuit. The transistor is shown in a common-emitter configuration. The base is connected to a 10K resistor and a 2N4350 JFET. The emitter is connected to ground through a 3N resistor. The collector is connected to a 10K resistor and a 2N4350 JFET. The output is taken from the collector. The circuit is powered by a 12V supply. The transistor is labeled 2N3055. The JFETs are labeled 2N4350. The resistors are labeled 10K, 3N, and 10K. The output is labeled 600mV.

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[illegible]

COMMENTS

Semi - Annual Kitchen System Insp.

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SERVICE TECHNICIAN	DATE	TIME	CUSTOMER SIGNATURE	DATE
<i>[Signature]</i>	9/16/11		<i>[Signature]</i>	9/16/11